IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF MARYLAND Baltimore Division

In	Re: Bradley D. Goode				
		Bankruptcy Case No. 19-17614 Chapter 13			
	Debtor				
	DEBTOR'S AFFIDAVIT RI	EQUESTING DISCHARGE			
;	***IN JOINT FILINGS, A SEPARATE A EACH DEBTOR IN ORDER TO BE	FFIDAVIT MUST BE COMPLETED BY ELIGIBLE FOR A DISCHARGE***			
rec	e Chapter 13 Trustee has filed a notice of cluesting that the Court issue a discharge. I lowing: (Complete all sections and provide	testify under penalty of perjury to the			
1.	. The following creditors hold a claim that is not discharged under 11 U.S.C. §523				
(a)(2) or (a)(4) or a claim that was reaffirmed under 11 U.S.C. §524(c): (provided)					
	name, address, and telephone number of each such creditor)				
					
2.	_X_ I have not received a discharge	e in a Chapter 7, 11 or 12 bankruptcy case			
	that was filed within 4 years prior to the f	iling of this Chapter 13 Bankruptcy.			
3.	X I have not received a discharge	e in another Chapter 13 bankruptcy case that			
	was filed within 2 years prior to the filing	of this Chapter 13 bankruptcy.			
4.	A. X I did not have either at the time	ne of filing this bankruptcy or at the present			
	time, equity in excess of \$125,000 in the				
	§522(p)(1) [generally the debtor's homes	tead]			

B. X There is not currently pending any proceeding in which I may be found			
guilty of a felony of the kind described in 11 U.S.C. §522(q)(1)(A) or liable for a debt			
of the kind described in 11 U.S.C. §522(q)(1)(B).			
5. COMPLETION OF INSTRUCTIONAL COURSE CONCERNING PERSONAL FINANCIAL MANAGEMENT PURSUANT TO 11 U.S.C. §1328(g)(1)			
[Complete one of the following statements]			
X I, Bradley D. Goode, the debtor in the above-styled (printed name of debtor)			
case hereby certify that on July 29, 2019 [Completed an instructional (date)] course in personal financial management provided by Access Counseling, Inc. Name of Provider)			
A document attesting to my completion of the personal financial managemen			
instruction course is attached.			
I, the debtor in the above-styled (printed name of debtor)			
case, hereby certify that no personal financial management course is required			
because: [check the appropriate box.]			
 I am incapacitated or disabled, as defined in 11 U.S.C. § 109(h)(4); I am on active military duty in a military combat zone; or 			
		I reside in a district in which the United States Trustee has determined that the approved instructional courses are not adequate at this time to serve the additional individuals who would otherwise be required to complete such courses.	
6. CERTIFICATION REGARDING DOMESTIC SUPPORT OBLIGATIONS PURSUANT TO 11 U.S.C § 1328(a)			
[Complete one of the following statements] _X_ I, _Bradley D. Goode, the debtor in the above-styled (printed name of debtor)			

case, her	reby certify that I am not currently required, nor at any time during the period			
of this ba	ankruptcy have I been required, by a judicial or administrative order, or			
by statut	e, to pay a domestic support obligation.			
	, the debtor in the above-styled (printed name of debtor) required by judicial or administrative order, or by statute, to pay a			
domestic	e support obligation as defined in 11 U.S.C. § 101(14A). (This refers to a			
debt owe	ed to or recoverable by a spouse, former spouse or child of the debtor or such			
child's p	child's parent, legal guardian or responsible relative or a governmental unit in the			
nature of	f alimony, maintenance or support.) The name and address of each holder of			
a domes	tic support obligation follows:			
[check th	he appropriate box.]			
	I hereby certify that all amounts payable under such order or such statute that are due on or before the date of this affidavit (including amounts due before the petition was filed, but only to the extent provided for the by plan) have been paid; or			
	I have executed, and the court has approved, a written waiver of discharge pursuant to 11 U.S.C. § 1328(a).			
y current a	address is: 1327 Nautical Cir. Essex, MD 21221			

The name and address of my most recent/current employer is:

Dept. of the Interior/SSA	
P.O. Box 272030	
Denver, CO 80227	

I declare under penalty of perjury that all of the above statements are true and correct to the best of my knowledge, information, and belief, and that the Court may rely on the truth of each statement in determining whether to grant me a discharge in this case. I further understand that the court may revoke my discharge if such order of discharge was procured by fraud.

Signature of Debtor: <u>/S/ Bradley D. Goode</u> Date: <u>4/17/24</u>

NOTICE OF OPPORTUNITY TO OBJECT

Any objections to the accuracy of this affidavit must be filed within fourteen (14) days of the date of service of this Affidavit. If no objection is filed, the Court will consider entering a discharge order in this case without further notice or hearing.

CERTIFICATE OF SERVICE

I hereby certify that this affidavit was served this 17th day of April 2024, electronically Via CM ECF to the parties listed below:

Brian A. Tucci, Trustee Via ecf@ch13balt.com

James R. Logan, Esq.
Via jamesrlogan@jamesrloganpa.com

I hereby certify that this affidavit was served this 17th day of April 2024, via first class mail postage pre-paid to the parties listed below:

Creditor Mailing Matrix

/S/ Jame	R. Logan	
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